

OMRO CARE CENTER
500 S GRANT ST

OMRO 54963 Phone: (920) 685-2755
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 114
Total Licensed Bed Capacity (12/31/04): 114
Number of Residents on 12/31/04: 86

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 87

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.2
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	9.3	More Than 4 Years		23.3
Day Services	No	Mental Illness (Org./Psy)	30.2	65 - 74	9.3			-----
Respite Care	Yes	Mental Illness (Other)	12.8	75 - 84	32.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	3.5	85 - 94	37.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	11.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	20.9	65 & Over	90.7	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		9.9
Referral Service	No	Diabetes	11.6	Gender	%	LPNs		10.0
Other Services	Yes	Respiratory	16.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	34.9	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	65.1			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	8	100.0	296	7	10.9	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	17.4
Skilled Care	0	0.0	0	55	85.9	117	2	100.0	139	12	100.0	160	0	0.0	0	0	0.0	0	69	80.2
Intermediate	---	---	---	2	3.1	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		64	100.0		2	100.0		12	100.0		0	0.0		0	0.0		86	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	11.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	2.3	88.4	9.3	86
Other Nursing Homes	1.2	Dressing	7.0	79.1	14.0	86
Acute Care Hospitals	86.5	Transferring	17.4	60.5	22.1	86
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	12.8	55.8	31.4	86
Rehabilitation Hospitals	0.0	Eating	24.4	41.9	33.7	86
Other Locations	1.2	*****				
Total Number of Admissions	163	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	8.1		Receiving Respiratory Care	10.5
Private Home/No Home Health	29.7	Occ/Freq. Incontinent of Bladder	60.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	8.6	Occ/Freq. Incontinent of Bowel	31.4		Receiving Suctioning	0.0
Other Nursing Homes	2.9				Receiving Ostomy Care	1.2
Acute Care Hospitals	32.6	Mobility			Receiving Tube Feeding	2.3
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.5		Receiving Mechanically Altered Diets	41.9
Rehabilitation Hospitals	0.0					
Other Locations	5.1	Skin Care			Other Resident Characteristics	
Deaths	21.1	With Pressure Sores	4.7		Have Advance Directives	77.9
Total Number of Discharges		With Rashes	1.2		Medications	
(Including Deaths)	175				Receiving Psychoactive Drugs	64.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.3	88.5	0.86	90.2	0.85	90.5	0.84	88.8	0.86
Current Residents from In-County	90.7	80.0	1.13	82.9	1.09	82.4	1.10	77.4	1.17
Admissions from In-County, Still Residing	16.6	17.8	0.93	19.7	0.84	20.0	0.83	19.4	0.85
Admissions/Average Daily Census	187.4	184.7	1.01	169.5	1.11	156.2	1.20	146.5	1.28
Discharges/Average Daily Census	201.1	188.6	1.07	170.5	1.18	158.4	1.27	148.0	1.36
Discharges To Private Residence/Average Daily Census	77.0	86.2	0.89	77.4	0.99	72.4	1.06	66.9	1.15
Residents Receiving Skilled Care	97.7	95.3	1.03	95.4	1.02	94.7	1.03	89.9	1.09
Residents Aged 65 and Older	90.7	92.4	0.98	91.4	0.99	91.8	0.99	87.9	1.03
Title 19 (Medicaid) Funded Residents	74.4	62.9	1.18	62.5	1.19	62.7	1.19	66.1	1.13
Private Pay Funded Residents	14.0	20.3	0.69	21.7	0.64	23.3	0.60	20.6	0.68
Developmentally Disabled Residents	1.2	0.9	1.31	0.9	1.23	1.1	1.04	6.0	0.19
Mentally Ill Residents	43.0	31.7	1.36	36.8	1.17	37.3	1.15	33.6	1.28
General Medical Service Residents	0.0	21.2	0.00	19.6	0.00	20.4	0.00	21.1	0.00
Impaired ADL (Mean)	54.7	48.6	1.12	48.8	1.12	48.8	1.12	49.4	1.11
Psychological Problems	64.0	56.4	1.13	57.5	1.11	59.4	1.08	57.7	1.11
Nursing Care Required (Mean)	7.7	6.7	1.15	6.7	1.15	6.9	1.12	7.4	1.04